

01-*L*-0174

Entered - 12-3-97 - sb
CL97L0723 - ALEXIS HOLMES

CLAIM OF: **DOROTHY BELT ELLERBEE**
1483 Eason Street NW
Atlanta, Georgia 30014

For damages alleged to have been sustained as a result of driving
over a metal plate in the road on November 14, 1997 at 54 Chapel
Road.

THIS ADVERSE REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 97L0723

Date: 1/30/01

Claimant /Victim DOROTHY BELT ELLERBEE
(Atty) (Ins. Co.) _____
Address: 1483 Eason Street, NW, Atlanta, Georgia 30314
Subrogation: _____ Claim for Property damage \$ 5,600.00 Bodily Injury \$ _____
Date of Notice: 11/22/97 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/14/97 Place: 54 Chapel Road
Department Public Works Division Street Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges to have sustained vehicular damage when she drove over a metal plate in the road. However, the claimant states that her damages were minimal and she has declined to pursue her claim, and she has decided to resolve this matter by withdrawing her claims against the City.

INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written X Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: [Signature] Concur/date 01-30-01
Committee Action: _____ Council Action _____

Office

L. Browning

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

ENTERED -12-3-97- s1b
97L0723 ANTHONY OATIS

Outs
11/24/97

Thanks Sirs

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5000 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: Nov 14/1997 2. Time of Incident: 3:30 3. Police called: Yes
(month/day/year) Yes No

4. Location of incident (including street address): 54 Chaple

5. Name of your insurance company: General Insurance Policy No. AC10-1094283

6. State what and how incident occurred: Hole in the Street which
city working on

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 85 Cadillac 795056F Same Above
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: None
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: W. H. S. EASON 755 5429
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

973181281
Signature of Claimant

Dorothy Belt Ellerbee
(Print Claimant's Name)

1483 EASON ST. NW
(Address)

ATLANTA GA 3034
(City, State and Zip Code)

NONE NONE
(Work Number) (Home Number)

Dorothy Belt Ellerbee
I like to donate the
money to City in Memory
of Attorney William A. Andrews
(B. 11)